## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/587923

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS	0	y v v v	50		0	

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	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL IND.	0		0		0	-
TOTAL DEP.	0	•	4		0	<b>4</b>
TOTAL CLAIMS	0		4		0	
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PTO - 1360 (REV. 04/2007)

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